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PUBLIC HEALTH REPORTS.

Assignment of inspectors to the fruit ports of Central and South America.

The following-named acting assistant surgeons have been appointed and assigned to duty at American consulates in the fruit ports of Central and South America below named for the coming season for the purpose of inspecting vessels, their cargoes, and crews bound from said ports to ports of the United States and its insular possessions: D. W. Goodman, Port Limon, Costa Rica; T. B. L. Layton, Bluefields, Nicaragua; W. B. Robertson, Belize, British Honduras; Paul Osterhout, Bocas del Toro, Panama; C. K. Roe, Tela, Honduras; L. A. Wailes, Livingston, Guatemala; V. C. Reynolds, Ceiba, Honduras; R. P. Ames, Puerto Cortez, Honduras.

UNITED STATES.

[Reports to the Surgeon-General, Public Health and Marine-Hospital Service.]

Report from Chicago, Ill.—Epidemic diphtheria and scarlet fever—Measles.

Surgeon Young reports, March 4, as follows:

The original source of infection in the recent epidemic of scarlet fever accompanied by diphtheria in Chicago is as yet undetermined, but the definite manner in which the disease spread and its distinct localization make it quite plain that this outbreak was more than an unexplained increase in the scarlet fever commonly present in this as in other cities.

Diphtheria.—There is nothing in the epidemic history of this disease of especial note, except for the effect of inspection on the control and the rather curious fact that side by side with the unmistakable diphtheria there were a large number of cases—constituting another epidemic, in fact—of tonsillar inflammations accompanying attacks of influenza.

I personally saw several of these cases. They were very suggestive of incipient diphtheria, but the laboratory findings were negative.

The city laboratory found an unusually large number of the cases reported as diphtheria suspects to be influenza.

Scarlet fever.—The disease first became sufficiently prevalent to attract attention in the extreme northwestern part of the city in the latter part of November. Some increase had been noted late in October, but that increase seems to have been in part distinct from the subsequent epidemic invasion.

At first the disease spread very slowly, but gathering headway it began to advance steadily southward and finally made its way at the rate of almost exactly two blocks a day. The river seems to have been in a measure a barrier to its progress. The largest number of cases, viz, 407, was reached on January 29.

Much has been said in regard to the agency of milk from certain sources in spreading the infection.

The authorities of Evanston, a suburb north of the city, became satisfied that the milk supply was at fault and cut off that from the suspected territory. There was an immediate decline in the number of cases, but as some of the schools were simultaneously closed and all other preventive measures enforced with great care, it is difficult to decide from data at hand as to whether the decline was to any extent traceable to change in the milk supply.

I have heard of several cases in this immediate neighborhood in which the fever attacked either very small children in one-child families in which the greatest care had been taken as to isolation from contact with other children, or adult invalids who had been closely confined, in all of which cases the milk supply was from the alleged suspicious source.

The effect of the absence of school inspection is clearly shown in the table given below. Inspection was reestablished on February 1. The table shows that whereas the number of cases reported for the two weeks ended January 25 and February 1 was respectively 1,005 and 1,686, the number fell to 620 during the week after reestablishment of inspection. From February 1 to 28, inclusive, 48,155 children were examined, and of these 7,205 were found to be either suffering from or convalescent from a contagious disease.

Character of the epidemic of scarlet fever.—On the whole the character of the disease has been very mild, the death rate during the height of the epidemic being only about 5 per 10,000 of population, or about the average rate for the past ten years.

The table below shows deaths by weeks.

There has been considerable discussion as to the presence with true scarlatina of the so-called "fourth" or "Duke's disease," and certain features of the epidemic have been so peculiar as to attract considerable attention in this connection, the most noticeable being the delayed, scanty, atypical character of the eruption in many cases and the large number of cases occurring in persons having a history of well-marked prior attacks.

Report of contagious diseases, by weeks, from December 21, 1907.

Date.	Diphtheria.	Scarlet fever.	Measles.
December 21.....	158	141	31
December 28.....	133	121	37
January 4.....	134	141	26
January 11.....	148	139	39
January 18.....	150	348	36
January 25.....	298	1,005	139
February 1.....	292	1,686	190
February 8.....	210	620	154
February 15.....	150	386	130
February 22.....	145	277
March 1.....	141	260

Date of greatest number reported: Diphtheria, January 28, 84 cases; scarlet fever, January 29, 407 cases; measles, January 29, 42 cases.

Deaths from scarlet fever and diphtheria by weeks.

Date.	Scarlet fever.	Diphtheria.
December 21.....	115	21
December 28.....	8	17
January 1.....	13	15
January 11.....		
January 18.....	18	17
January 25.....	22	16
February 1.....		
February 8.....	44	15
February 15.....	39	11
February 22.....	27	20
March 1.....	23	5

Report from Vanceboro, Me.—Smallpox on Canadian border—Train inspection.

Acting Assistant Surgeon Young reports, March 4, as follows:

Week ended March 2, 1907. Inspected 18 trains carrying about 950 passengers; vaccinated 48; accepted official certificates of vaccination and nonexposure to infection in the case of 32.

STATISTICAL REPORTS OF MORBIDITY AND MORTALITY, STATES AND CITIES OF THE UNITED STATES—UNTABULATED.

CONNECTICUT—*Meridian*.—Month of February, 1907. Estimated population, 28,695. Total number of deaths, 40, including 5 from tuberculosis. One case of scarlet fever reported.

FLORIDA.—Reports to the State board of health for the week ended February 23, 1907, show as follows: Diphtheria—*Jacksonville*, 2 cases. Enteric fever—*Jacksonville*, 2 cases; *Tampa*, 12 cases; *Fernandina*, 1 case; *Lakeland*, 1 case; *Daytona Beach*, 1 case. Smallpox—*Anthony*, 1 case. Tuberculosis—1 case in each of the following towns: *Jacksonville*, *Tallahassee*, *Narcoossee*, and *Palatka*. Week ended March 2, 1907. Diphtheria—*St. Petersburg* and *Tampa*, each 1 case. Enteric fever—*Jacksonville*, 11 cases; *Pensacola*, 2 cases; *Plant City*, 3 cases; *Tampa*, 5 cases; *Apalachicola*, *Fort Myers*, and *Arcadia*, each 1 case. Smallpox—*Jacksonville*, 1 case. Tuberculosis—*Jacksonville* and *Tampa*, each 1 case.

ILLINOIS—*Quincy*.—Month of February, 1907. Estimated population, 43,000. Total number of deaths, 53, including diphtheria 1, enteric fever 2, and 8 from tuberculosis. Cases of contagious diseases reported: Diphtheria 5, enteric fever 4, measles 8, and scarlet fever 1.

INDIANA—*Anderson*.—Month of February, 1907. Estimated population, 25,398. Total number of deaths, 30, including diphtheria 1,